Subject: FW: Re- car

Monday, May 22, 2017 at 2:01:31 PM Central Daylight Time Date:

From: Jean Hecht

To: Megan Lengerman

Office of Administration

Commissioner's Office

	"Request for Preau	thorization for 0	ther Services"
Program: Altern Contractor: <u>Nurs</u> Subcontractor: <u>N</u>			
item to be purcha	w the information for each ased, cost for the item, and ded to be reimbursed.	n item/service to be pu the justification. Item	rchased. List the date of purchase, s must be approved before
Client Name: 03/10/2017			Date Enrolled:
Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
June 5, 2017	Car Payment	\$411.00	This is the client's only mode of transportation. There is no public transportation in St. Charles County. The client's mother has helped with payments in the past but is unable to at this time. She has also called some churches to see if they can help but they do not have the funding at this time either.
AMOUNT TO B	E REIMBURSED\$	\$411.00	
Administration, 65101. May be j mailto:Karen.Schenl Thank you. Authorized perso Approved for pur	Commissioner's Office, St faxed to 573/751-1212 or and the Control on requesting purchase:	ate Capitol Building, emailed to emily.kra actor only! Date	tate of Missouri – Office of Room, 125, Jefferson City, MO ft@oa.mo.gov



Statement reflects payment(s) received through: 05/19/17

Account Summary					
Next Payment		Past Due Payments		Other Unpaid Amounts	
Due Date:	06/10/17			Late Charge:	\$0.00
Monthly Amount:	\$411.23			Miscellaneous:	\$0.00
,				Extension Fee:	\$0.00
Total:	\$411.23	Total:	\$0.00	Total:	\$0.00
STATEMENT TOTAL:	\$411.23				



Due Date Scheduled Payment Date Paid

Scheduled Payment 411.23

Date Paid 04/12/17 Unpaid Balance

Finance Charge 267.44 Late Charge

Other Charge 0.00 Total Paid 411.23

Account Information

05/10/17

Account information

Important Account Message

REMAINING UNPAID BALANCE \$14,889.13. THIS AMOUNT DOES NOT INCLUDE FINANCE CHARGES AND OTHER UNPAID AMOUNTS. PLEASE CALL US FOR YOUR PAYOFF.

Saving for a big purchase? No need to switch banks. Just open an Ally Bank Online Savings Account - you'll earn interest rates that are among the most competitive in the country. Plus, there's no minimum balance to open and no monthly maintenance fees. To learn more, visit allybank.com. Ally Bank, Member FDIC.

Don't Want to Mail Your Payment? We have Options:

- Automatic Payments Allows your payment to be conveniently transferred from your checking or savings account to Ally, at no cost to you. Please visit ally.com/auto for more information.
- Online Payments and Billing Statements Register for Ally Online Services at ally.com/auto, add your account, then schedule one-time payments at your convenience or go green with e-statements, at no cost to you.
- Payments by phone or payments online by debit cards To hear available options call 888-925-2559. A third party service provider fee may apply.

Contact Information: You can reach us by visiting ally.com/auto or call us at 888-925-ALLY(2559)

Do not send cash or post-dated checks. All checks will be processed upon receipt. Make checks payable to ALLY. Return the portion below with your payment to the Payment Processing Center address below.

0000-0000



PO BOX 380902 BLOOMINGTON MN 55438-0902



DUE DATE:
ACCOUNT NUMBER:
STATEMENT TOTAL:
TOTAL AMOUNT PAID:

06/10/17 \$411.23

PAYMENT PROCESSING CENTER PO BOX 9001951 LOUISVILLE KY 40290-1951



ALTERNATIVES TO ABORTION PROGRAM

Assistance Request

This form is to be completed by an NFN Nurse O. approval and submission.	NLY and must be completed entirely for timely		
DATE: 5 / 15 / 17 CLIENT NAME:			
The above named client is requesting assistance thr			
Rent (if new request, a W-9 and Lease MUST accompany this form)Utility	Transportation (if new request, no additional information is needed; if repeat request for gas card ONLY, please provide receipts)		
(if Ameren, provide account number and account holder's name; if Laclede, provide bill)	Other (Pre-Authorization Request and documentation of the bill/invoice/etc. to be paid MUST		
Landlord/Utility/Other NAME: Landlord	accompany this form)		
BILL TOTAL: \$ HI AMOUNT YOU ARE PA	YING: \$ AMOUNT REQUESTED: \$		
Acct. # OTHER RESOUR	(must list at least three):		
2	Agency Representative: Agency Representative: Agency Representative: BOX 9001951 Louisville, KY4029		
I understand this is a one-time payment. This assist baby or in keeping your child on target developmen	tance is intended to assist you in the delivery of a healthy		
(client signature)	(date)		
(RN signature)	5-15-17 (date)		
IPCP Completed/Submitted:(initial)	Budget Form Completed:(initial)		
Data Pacaizzad:	Date Pladged (Submitted for Payment)		